

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Yoshiharu OGATA

Serial No: 10/805,179

Confirmation No: 7415

Filed: March 19, 2004

For: Semiconductor Device, Electronic Device, Electronic  
Equipment and Manufacturing Method Thereof

Art Unit: 2814

Examiner: Pizarro-Crespo, Marcos D.

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:  
Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450, on  
June 13, 2005

Date of Deposit

Juanita Soberanis

Name

Signature *Juanita Soberanis* 06/13/05

Date

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following items:

- ☒ Response to Restriction Requirement.  
☒ Return Postcard.

No additional fee is required:

If additional fee is required:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE		ADD'L FEE DUE
TOTAL CLAIMS FEE	20	-	20 **	0	LG=\$50 SM=\$25	\$	\$ 0
INDEPENDENT CLAIMS FEE	10	-	10 ***	0	LG=\$200 SM=\$100	\$	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS					LARGE ENTITY FEE = \$360 SMALL ENTITY FEE = \$180		\$
ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER)				\$250 FOR EACH ADDITIONAL 50 SHEETS			\$
TOTAL							\$ 0

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ A check in the amount of \$ 0 to cover the additional claims fee is enclosed. **A copy of this sheet is enclosed.**
- ☐ A check in the amount of \$ 0 to cover the extension fee is enclosed. **A copy of this sheet is enclosed.**
- ☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314. **A copy of this sheet is enclosed.**
- ☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- ☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: June 13, 2005

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PATENT  
Attorney Docket No. 81754.0117  
Customer No. 26021

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Signature

Date

**RESPONSE TO RESTRICTION REQUIREMENT**

Mail Stop Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Dear Sir:

In response to the office action dated May 18, 2005 setting forth a restriction requirement, applicant elects for prosecution the invention of Group I, claims 1-14 and 17-20, drawn to a semiconductor device. Any fees due with this response may be charged to our Deposit Account No. 50-1314.

Respectfully submitted,

HOGAN & HARTSON L.L.P.

Date: June 13, 2005

By: *[Signature]*

Troy M. Schmelzer

Registration No. 36,667

Attorney for Applicant(s)

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